



*Please review carefully prior to completing the application below.*

## Instructions for completing a Fillable PDF form

- ☐ Use **only the latest version of Adobe Reader** to complete fillable PDF forms. Macintosh and Windows versions of the free Adobe Reader are available from Adobe at <http://get.adobe.com/reader/>.
- ☐ **Before** completing the document **save** the form (PDF format) to a location on your computer. (Example: Desktop or Documents).
  - ✓ Instructions: **Right click** on the form and **click** "Save as".
  - ✓ **Save** to your Desktop or Documents.
- ☐ Once you have saved the form to your computer, you are ready to complete the form.
- ☐ **Open** the fillable form.
- ☐ After you have completed the form, **save** a final version of the file to your computer.
- ☐ When ready, don't forget to attach the fillable form.
- ☐ Some forms have a "Submit" button built into the form which will allow you to submit the form via email directly from the form. These forms will automatically be attached to your email when you click the submit button.
- ☐ **Do not complete the form online within your web browser; your data will NOT be saved. Please save it to your computer first, and then fill it out.**



## APPLICATION FOR ADMISSION DUAL DEGREE ACCELERATED MEDICAL PROGRAM

*This application, three letters of recommendation, and a personal statement/essay must be submitted **in addition** to the [Stockton University Application for Admission \(available at stockton.edu/apply\)](http://stockton.edu/apply). The program is open to high school seniors only (incoming first time freshman students) applying for admission into the accelerated seven-year dual degree program between Stockton University and Rowan School of Osteopathic Medicine.*

**APPLICATION FOR ADMISSION AND SUPPORTING DOCUMENTATION MUST BE SUBMITTED/POSTMARKED BY NOVEMBER 15**

### Rowan School of Osteopathic Medicine—7-year BS/DO

#### Personal Information

last name	first	middle	Jr., Sr., III, etc.
other names that may appear on your academic records			
address	city	state	zip
email	phone	alternate (cell) phone	
Social Security #	date of birth		

#### Academic Information

*Please list all high schools and colleges attended beginning with the most recent.*

school	dates attended	GPA	degree

#### SAT test scores:

Evidence-Based Reading & Writing	Math	total (EBRW & M combined)	date of test
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#### ACT test scores:

English + Reading	Math	Composite	date of test
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cont.

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*List significant extracurricular and/or community activities:*

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*List honors, awards or special recognitions received:*

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*List employment/work experiences (part-time, full-time, volunteer, military) beginning with the most recent:*

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*List names and addresses of three references who will be submitting letters of recommendation for you (preferably teachers who know you well):*

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*Please include a personal statement (+/- 500 words) describing why you have selected this career path, your lifetime goals, any other relevant or additional information that may assist us in evaluating your credentials while emphasizing your suitability for a career in a health profession.*

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*Return this application and all supplemental documentation to:*

**Office of Admissions  
Stockton University  
101 Vera King Farris Drive  
Galloway, NJ 08205-9441**



### **AGREEMENT**

In order for Stockton University to assist me completely and effectively in gaining admission to schools of medical education, I hereby knowingly and willingly waive any right of access of confidential letters or memoranda of recommendation received by the Stockton University Medical Advisory Committee, and further waive any right of access to letters or memoranda of recommendation sent in or given at my request by the said Committee to schools of medical education to which I am applying for admission at the time of application or at any time thereafter.

I understand that I may request a list of persons supplying letters of recommendation submitted to the Committee or given by the Committee in regard to my application for admission to schools of medical education.

I, the undersigned, have read this waiver and understanding its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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*Signature (student)*

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*Printed name (student)*

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*Signature (witness)*

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*Printed name (witness)*

**Note:** This form follows the form recommended by the State Attorney General's Office of New Jersey, and it waives your rights under the Freedom of Information Act. Signing this waiver means that your pre-medical file, including letters of reference, **will be confidential**.

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*Return this application and all supplemental documentation to:*

**Office of Admissions  
Stockton University  
101 Vera King Farris Drive  
Galloway, NJ 08205-9441**